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ABSTRACT

The term leisure has two quite distinct usages. On the one hand, the term leisure denotes residual or free time, and on the other hand, it denotes a state of mind that is characterized by perceived freedom and intrinsic motivation. Leisure and mental health are causally related to one another, first because the absence or presence of free time may lead to changes in mental health and also because one's state of mental health may affect the degree to which a person can experience leisure. In light of this interrelationship between leisure and mental health, existing programs focusing on the constructive use of free time for the improvement of mental health should be supported and additional programs should be developed. Furthermore, by including the leisure experience, rather than only the use of free time, as a criterion in the diagnosis of mental health, practitioners will arrive at a better understanding of potential malfunctioning in patients. It is important that mental health professionals and leisure professionals bear in mind the distinction between the concepts of free time and the leisure experience. (MN)

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LEISURE - A CRITERION OF MENTAL HEALTH

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Position paper to be presented at The World Federation for Mental Health Biennial Congress in Washington, D.C , July 23, 24, 1983, at a workshop entitled "Leisure: a criterio of mental health," organized by the World Leisure and Recreation Association.

LEISURE - A CRITERION OF MENTAL HEALTH

> Apparently psychiatry remains blind to the great opportunity now presenting itself to promote mental health through more creative use of our latest and greatest freedom: free time.
>
> This psychiatric blind spot, apathy, and indifference, which we regard as our most significant and ominous finding, prompted this paper to you, because we believe similar attitudes might well characterize the psychiatry of other cultures.
>
> (From a 1960 report to the World Federation of Mental Health, entitled "Mental Health and Rediscovery of Leisure", by the Committee on Leisure Time Activities of The American Psychiatric Association, Martin, A.R., 1967, p. 125).

INTRODUCTION

There is no doubt that mental health and leisure have at least one common denominator. In neither case is there agreement on what the concepts mean. There are those who like to argue for a universal definition of mental health, and others who insist that the concept can only have relative meaning. Among those in favor of a universal definition, there is still disagreement on what that definition should be. And of course, once the relative position is taken, varying definitions as a function of culture, society, or other factors will be accepted.

In the case of leisure, the situation is even worse. To begin with, there are no equivalent terms for the word leisure in most of the different languages. Even when such terms exist, we may not be sure what they denote at any given instance. The meaning of leisure, in terms of denotation and connotation, varies historically, culturally, and within cultures, in contemporary usage.

Yet, there is a universal feeling that the two concepts, mental health and leisure, are related in essential ways. Indeed, this relationship may be not merely associative (correlational), but causal. And the causal direction may be from leisure to mental health as well as from mental health to leisure, depending on one's point of view.

PURPOSE

The purpose of this workshop is threefold.

(1) An attempt will be made to clarify the relationships outlined above. Can we reach an agreement that it is a fact that mental health and leisure are causally related? Furthermore, can we specify the direction of this causality, and/or the conditions under which the direction may be one way or the other?

(2) What are the practical implications of the direction of causality for the mental health and for the leisure profession?

(3) What are some of the implications of the ambiguities in the usage of the term leisure in respect to the language and traditions of the mental health profession.

It is quite clear that any discussion will inevitably exceed the boundaries of the three purposes as stated above, and that the issues are totally confounded. It seems nevertheless important to keep these distinctions in mind, since we might find agreement in regard to one or the other of them, and not the rest.

MENTAL HEALTH

Even a limited consideration of the genesis of the concept mental health would require first a review of the history and the different ways in which mental disorders have been conceptualized. Approaches to the mentally disturbed went through many phases. Wolman (1965) traces this history as including "the sick role," "the organic approach," "the psychogenic approach," "the sociological approach," and "conditioning" and "learning theory" approaches. This multitude of approaches and orientations has made the development of a unifying concept of mental disorder or its obverse, mental health extremely difficult, if not impossible (Offer & Sabshin, 1966).

Theoreticians vary as to the criterion or criteria of mental health. One extreme viewpoint declares mental illness (or at least the universal idea of it) a myth (Szasz, 1961). From another, the orthodox psychoanalytical view, mental health seems to suffer a similar fate. For example, The Language of Psychoanalysis (Laplanche and Pontalis, 1973) contains no reference to mental health. This may reflect the fact that while psychoanalysts might like to define mental health, they may be reluctant to do so.

The concept of mental health, in a Freudian conception becomes one of balanced personality. The ego, in its attempt to cope successfully with reality under the pressure of existing desires and restraints, tries to maintain at all times a state of minimal neurosis. When this task becomes too difficult, and a veridical reality perception is lost, psychosis sets in.

Most commonly, mental health has been defined in terms of adjustment to social norms and values (Hilgard et al., 1981). According to this definition, mental health is culturally relative, for different cultures have different norms and values. The well-adjusted person in one society is not the same as the well-adjusted person in another.

There are problems related to adjustment definitions of mental health. For example, health is equated with conformity; the kind of society the person is adjusting to, seems not to matter. To avoid these problems, some writers have tried to specify universal human states and functions that go into mental health, regardless of the society in which one lives. One such definition emphasizes the individual's subjective emotional state.

> I will define [mental health] as a subjective sense of well being and a capacity for enjoyment and happiness.
>
> Mental health is more than the absence of symptoms of illness. It includes a feeling of joyousness (Martin, 1967, p.6).

A more extensive definition is that of Jahoda (1958), who synthesized prevailing views into six criteria, while emphasizing the concept of "positive mental health." These criteria were "attitudes toward oneself," "growth, development, and self-actualization," "integration," "autonomy, independence, or self-determination," "perception of reality free from need-distortion," and "environmental mastery."

Sanford (1965) further distinguished two conceptions of positive mental health.

> First, there is the conception of something, over and above freedom from illness, that stands as resistance to, or relative immunity from, mental illness. ... The second conception embodies a set of ideas referring to what a person might become (p. 1388).

Sanford sees the second conception as easy to criticize, since ideals that a person might strive for, tend to be culture-bound or class-bound. Nevertheless, he felt that this conception is an important one, particularly because it stresses the striving for ideals. In his opinion, social scientists ought to be involved in the search for new and better values.

A universal conception of mental health was expressed by Fromm (1955, p. 69). Mental health is seen as

> characterized by the ability to love and create, by the

> emergence from incestuous ties to clan and soil, by a sense of identity based on one's experience of self as the subject and agent of one's powers, by the grasp of reality inside and outside of ourselves, that is, by the development of objectivity and reason.

We would like to emphasize the importance of one particular component of this conceptualization of mental health, namely the "experience of self as the subject and agent of one's powers." It relates to Jahoda's (1958) "autonomy, independence, and self-actualization." It is reflected in deCharms' (1968) concept of "origin," White's (1959) "competence," and Deci's (1975) "self-determination." It is central to Neulinger's (1981a) concept of "perceived freedom," and it may, indeed, be a universal criterion associated with a positive mental health conception, in the sense of Sanford's (1965) second meaning.

Another reason for the absence of consensus on what constitutes mental health may be the vantage points of those who judge mental health. "Each person's mental health may be judged differently, depending on whether society, the individual, or a mental health professional makes the judgement (Strupp and Hadley, 1977). A tripartite model, simultaneously considering behavior, sense of well-being, and inferred psychological structure, in evaluating a person's mental health, may be needed.

We have referred here to only a limited number of mental health definitions and criteria, that are relevant to the issues at hand. We invite our participants to add to this list, so as to broaden the scope of this discussion beyond the limits of our particular viewpoint.

LEISURE

A consideration of the history and meanings of the term leisure would, similarly, require a lengthy review, of the kind available elsewhere (e.g., de Grazia, 1962, Murphy, 1981; Neulinger, 1981a, b). Once again, we shall limit ourselves to the discussion of two quite distinct usages of the term leisure, that are essential for the issues under discussion.

The first is the conception of leisure as time. Leisure is defined as that part of the day that remains when work time and the time needed for existence and subsistence needs are subtracted. Leisure, or leisure time, is a residual. The ways in which work, existence and subsistence needs are delimited, varies in the different residual (also referred to as objective) definitions. But the basic fact remains: that which is being categorized is time.

The second usage of the term leisure is one in which the phenomenon denoted is not time, but a state of mind, an experience, a way of being. This type of definition is generally referred to as a psychological or subjective, and at times also as a holistic one. After reviewing such conceptualizations of leisure, including Tinsley & Tinsley's (Note 1) summary of the holistic perspective, Csikszentmihalyi, (in press) notes that

> almost every model of the leisure experience agrees with the original formulation made by Neulinger (1974), namely, that it is a state of mind characterized by perceived freedom and intrinsic motivation.

This is not the place to take up the finer distinctions of the various psychological models of the leisure experience. What is important and essential here, is the recognition of the distinctiveness of the two phenomena, free time and the leisure experience.

It becomes apparent, in reviewing conceptions of mental health and leisure, that there are a great many links and at times, overlaps in meanings, between the two terms. As indicated before, the purpose of this workshop is to unravel these connections, and the following propositions are offered as a guide for that endeavor. They are designed to stimulate discussion. If participants feel too restricted by the form of this presentation, they should feel free to address the issue of leisure and mental health in their preferred manner.

Acknowledgement: I am grateful to Drs. William Crain, Gabrielle Stutman, and Harold Wilensky for their critical reactions and suggestions.

PROPOSITIONS

In relation to purpose (1)

I. Leisure (free time) is causally related to mental health, that is, the absence or presence of free time may lead to changes in mental health.

   a. The appropriate use of free time may lead to positive changes in mental health.

   b. The misuse of free time may lead to negative changes in mental health.

   c. The incapacity or inability to make proper use of free time is currently recognized as a criterion in the diagnosis of mental health.

II. Mental health is causally related to the experience of leisure, that is, the state of mental health may affect the degree to which a person is capable or likely to experience leisure.

   a. Some degree of mental health is necessary for the attainment of the leisure experience.

   b. An increase in mental health will lead to an increased capacity for and likelyhood of the leisure experience.

   c. The presence of mental illness may lead to an incapacity to experience leisure, or make the attainment of the leisure experience less likely.

III. The leisure experience is causally related to mental health, that is, an increase in the experience of leisure may improve one's mental health, while a decrease in the experience of leisure (or leisure lack) may lead to a deterioration of one's mental health.

The conditions stated in II and III above point to a reciprocal interaction between mental health and the leisure experience. Not only may increased mental health lead to an increase in leisure experiences, but an increase in leisure experiences may also lead to an increase in mental health.

We may conclude that whereas the appropriate use of free time is currently recognized as a criterion in the diagnosis of mental health, the attainment of the leisure experience as a similar criterion needs to be explicitly recognized.

Furthermore, the causal link between leisure lack and the potential increase in mental illness needs to be explicitly recognized.

In relation to purpose (2)

I a. The value of free time for the improvement of mental health must be fully recognized. Existing programs that pursue this direction should be supported; additional programs developed.

It must be recognized, that the link from free time to improved mental health may take many routes. These may be increased physical strength and health, relaxation, tension reduction, and others. Among these may be, but not necessarily needs to be, the experience of leisure.

I b. The danger of the misuse of free time must be fully recognized. Society and/or individuals may wish to take steps to prevent such misusages from happening.

Such misuse may be merely the waste of time or, on a more serious level, drug addiction and similar behavior.

I c. The incapacity or inability to make proper use of free time must be dealt with on a societal as well as on an individual level.

On a societal level, it may require leisure education and the increased provision of services and facilities conducive to generating the leisure experience.

On an individual level, it may require leisure counseling and/or leisure therapy. The syndromes of "Sunday Neurosis" (Ferenczi, 1950) and "Leisure Lack" (Neulinger, 1981b, Note 2) are descriptive of this condition.

II a. The fact that some degree of mental health is a necessary condition for the attainment of the leisure experience, or conversevely, that the presence of mental illness leads to an incapacity or lower potential for the leisure experience, suggests that people suffering from leisure lack may require leisure counseling and/or leisure therapy.

Personality as well as environmental dimensions that are particularly relevant to leisure lack need to be identified and investigated.

III. Including the leisure experience, rather than only the use of free time, as a criterion in the diagnosis of mental health will lead to a better understanding of potential malfunctioning. More appropriate approaches of therapy, such as leisure counseling and/or leisure therapy, may then be indicated.

In relation to purpose (3)

THE FREE TIME / LEISURE CONFUSION

I. At least two distinct phenomena are relevant to the mental health professional as well as the leisure professional: free time and the leisure experience.

   a. These two phenomena are frequently denoted by the same concept, namely leisure, when using the English language.

   b. These two phenomena are also denoted by only one concept in other languages.

   c. Efforts to differentiate sub-meanings of certain concepts, e.g., leisure and semi leisure, Freizeit and arbeitsfreie Zeit, may be interpreted as attempts of dealing with this issue.

II. It is important that the distinction between the two phenomena, free time and the leisure experience, be made explicit.

   a. The need for conceptual clarity in any scientific enterprise needs no further justification. It is a universally recognized axiom of the scientific method.

   b. Since the two phenomena carry different, and often quite opposite values, the confusion of terms may lead to inappropriate and often, negative implications.

Many of the problems alluded to in this section had been dealt with in Leisure and Mental Health: A Psychiatric Viewpoint, a publication of the Committee on Leisure Time and Its Uses, of the American Psychiatric Association (Martin, P.A., 1967).

How much progress has been made since 1967? What has changed? Is a re-opening of discussions indicated?

Following are some quotes from the above volume and general topics that workshop participants might wish to take issue with or to address:

> Psychiatry must augment its competence in psychodynamics and psychopathology by actively promoting mental health and preventing mental illnesss through emphasis on leisure in normal daily living (p. 5).

Psychiatry ... also orients around man's struggle to adapt to an incoming free-time culture and an outgoing workaday culture (p. 9).

As psychiatrists emphasizing that leisure is a state of mind, ... (Martin, P.A., 1967, p. 6).

... the present analysis will be based on the uncomplicated assumption that leisure is simply and naively free time ... (Haun, 1967, p. 40)

... there should be a purpose or goal inherent in any leisure time activity (English, 1967, p. 105).

TOPICS:

* THE LEISURE ETHIC
* "SUNDAY NEUROSIS"
* LEISURE EDUCATION, COUNSELING, THERAPY
* THE POST-INDUSTRIAL SOCIETY AND LEISURE
* RETIREMENT: FREE TIME OR LEISURE
* DSM III AND LEISURE (e.g., page 28-29, the restriction of leisure to recreational activities or hobbies).

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